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990-EZ**Short Form
Return of Organization Exempt From Income Tax**

OMB No 1545-1150

2012**Open to Public
Inspection**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

The organization may have to use a copy of this return to satisfy state reporting requirements.

Department of the Treasury
Internal Revenue Service

A For the 2012 calendar year, or tax year beginning **JULY 1**, 2012, and ending **JUNE 30**, 2013

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization
KENOSHA ROTARY FOUNDATION INC.
Number and street (or P O box, if mail is not delivered to street address) Room/suite
10110 LAKESHORE DRIVE
City or town, state or country, and ZIP + 4
PLEASANT PRAIRIE, WI 53158-5008

D Employer identification number
39-1261654

E Telephone number
262-694-4148

F Group Exemption Number

G Accounting Method ☒ Cash ☐ Accrual Other (specify) _____

H Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: _____

J Tax-exempt status (check only one) - ☒ 501(c)(3) ☐ 501(c) () (insert no) ☐ 4947(a)(1) or ☐ 527

K Check ☐ if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. **\$ 27,105**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)
Check if the organization used Schedule O to respond to any question in this Part I ☐

Revenue	
1	Contributions, gifts, grants, and similar amounts received
2	Program service revenue including government fees and contracts
3	Membership dues and assessments
4	Investment income
5a	Gross amount from sale of assets other than inventory
5b	Less: cost or other basis and sales expenses
5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)
6	Gaming and fundraising events
6a	Gross income from gaming (attach Schedule G if greater than \$15,000)
6b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)
6c	Less: direct expenses from gaming and fundraising events
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)
7a	Gross sales of inventory, less returns and allowances
7b	Less: cost of goods sold
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)
8	Other revenue (describe in Schedule O)
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8
Expenses	
10	Grants and similar amounts paid (list in Schedule O)
11	Benefits paid to or for members
12	Salaries, other compensation, and employee benefits
13	Professional fees and other payments to independent contractors
14	Occupancy, rent, utilities, and maintenance
15	Printing, publications, postage, and shipping
16	Other expenses (describe in Schedule O)
17	Total expenses. Add lines 10 through 16
Net Assets	
18	Excess or (deficit) for the year (Subtract line 17 from line 9)
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)
20	Other changes in net assets or fund balances (explain in Schedule O)
21	Net assets or fund balances at end of year. Combine lines 18 through 20

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Depreciation

Community service projects

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 106421

Form **990-EZ** (2012)

CP

Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	81730	86369
23	Land and buildings	25076	23226
24	Other assets (describe in Schedule O)		
25	Total assets		
26	Total liabilities (describe in Schedule O)		
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	112806	109595

Part III	Statement of Program Service Accomplishments (see the instructions for Part III)
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Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose?

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses
(Required for section
501(c)(3) and 501(c)(4)
organizations and section
4947(a)(1) trusts, optional
for others)

28	VARIOUS COMMUNITY SERVICE PROJECTS		
	(Grants \$) If this amount includes foreign grants, check here	28a	26550
29			
	(Grants \$) If this amount includes foreign grants, check here	29a	
30			
	(Grants \$) If this amount includes foreign grants, check here	30a	
31	Other program services (describe in Schedule O)		
	(Grants \$) If this amount includes foreign grants, check here	31a	
32	Total program service expenses (add lines 28a through 31a)	32	26550

Part IV **List of Officers, Directors, Trustees, and Key Employees** List each one even if not compensated (see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

[illegible]

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V ☐

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		<input checked="" type="checkbox"/>
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		<input checked="" type="checkbox"/>
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a; among others)?		<input checked="" type="checkbox"/>
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O		<input checked="" type="checkbox"/>
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		<input checked="" type="checkbox"/>
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		<input checked="" type="checkbox"/>
37a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a		
b Did the organization file Form 1120-POL for this year?		<input checked="" type="checkbox"/>
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		<input checked="" type="checkbox"/>
b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b		
39 Section 501(c)(7) organizations Enter:		
a Initiation fees and capital contributions included on line 9 39a		
b Gross receipts, included on line 9, for public use of club facilities 39b		
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under: section 4911 40a ; section 4912 40a ; section 4955 40a		
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		<input checked="" type="checkbox"/>
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 40c		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization 40d		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T 40e		<input checked="" type="checkbox"/>
41 List the states with which a copy of this return is filed 41 NONE		
42a The organization's books are in care of Steve Seymour Telephone no. 262-658-3500		
Located at KENOSHA, WI ZIP + 4 53140		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		<input checked="" type="checkbox"/>
If "Yes," enter the name of the foreign country: 42b		
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .		
c At any time during the calendar year, did the organization maintain an office outside the U.S.?		<input checked="" type="checkbox"/>
If "Yes," enter the name of the foreign country: 42c		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here and enter the amount of tax-exempt interest received or accrued during the tax year 43		<input type="checkbox"/>
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		<input checked="" type="checkbox"/>
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		<input checked="" type="checkbox"/>
c Did the organization receive any payments for indoor tanning services during the year?		<input checked="" type="checkbox"/>
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		<input checked="" type="checkbox"/>
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		<input checked="" type="checkbox"/>
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)		<input checked="" type="checkbox"/>

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

	Yes	No
46		✓

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

	Yes	No
47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		✓
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		✓
49a Did the organization make any transfers to an exempt non-charitable related organization?		✓
b If "Yes," was the related organization a section 527 organization?		
49b		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee paid more than \$100,000	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

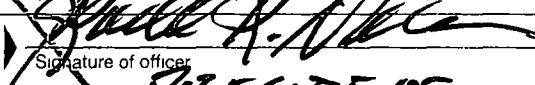
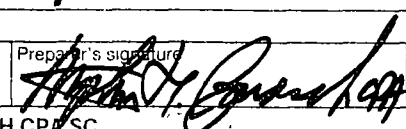
(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000

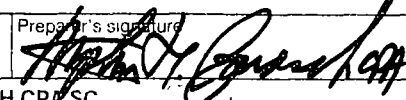
52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A

☒ Yes ☐ No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here  Signature of officer  Date 11/26/13
PRESIDENT
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name STEPHEN H BARASCH CPA	Preparer's signature 	Date 11.21.13	Check <input type="checkbox"/> if self-employed	PTIN POO280227
Firm's name STEPHEN H BARASCH CPA SC	Firm's EIN 39-1674044	Firm's address 10110 LAKESHORE DRIVE, PLEASANT PRAIRIE, WI 53158-5008	Phone no 262-694-4148	

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization

Employer identification number

KENOSHA ROTARY FOUNDATION INC.

39-1261654

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☒ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a ☐ Type I b ☐ Type II c ☐ Type III—Functionally integrated d ☐ Type III—Non-functionally integrated
 - e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).**
 - f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐
 - g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? ☐
 - (ii) A family member of a person described in (i) above? ☐
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above? ☐
 - h Provide the following information about the supported organization(s).

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2011 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test—2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b 33 1/3% support test—2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.
If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	10059	43612	77188	37457	0	168310
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	10059	43612	77188	37457	0	168310
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						168310

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6	10059	43612	77188	37457	0	168310
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	8	67	19	461	18	523
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	8	67	19	461	18	523
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)	10067	43679	77207	37912	18	168883
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	99.66 %
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	99.69 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	00.34 %
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	00.31 %

- 19a 33 1/3% support tests—2012.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☒
- b 33 1/3% support tests—2011.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► ☐

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Rotary Club Roster

	Name	Spouse	Address	Zip	Office Phone	2nd Phone	Email	Business
	Anderson, Angelena	Arthur	6811 18th Avenue	53143	262-359-3800	262-942-8767	aanderson@kustd.edu	KTEC
	Atkinson, Phil F	Atha	9222 32nd Ave.	53142	262-694-1043	262-945-7766	paatkinson1@sbcglobal.net	Retired
	Barasch, Stephen		10110 Lakeshore Dr.	53158	262-331-3245	262-694-4148	shbaraschcpa@gmail.com	Accounting
	Broerman, Gregory	Deborah	4868 87th Place	53142	262-605-4468		greg_broerman@investfinancial.com	Invest Financial
	Buchanan, Art	Shirley	8013 22nd Avenue	53143	262-658-2280	262-694-6129	burp33bu@aol.com	Comm Roffler
	*Capelli, A. John	Julie	7540 22nd Avenue	53143	262-656-7800	262-552-9224	ajcapelli@aurora.org	Family Clinic
Director	Cardamone, Joe	Melissa	1010 56th Street	53140	262-925-8024		jcardamone@kenoshacounty.org	Corp Council
Director	Doody, Edwin	Flora	5516 2nd Avenue, 1B	53140	262-657-1590	262-914-0559	eddoody@aol.com	Retired
	DuBois, Chuck	Nancy	12259 38th Avenue	53158	262-657-3414	262-945-2304	nancydubois1@gmail.com	99The Spot
	Euting, Gerald	Linda	7628 37th Avenue	53142	262-694-6567		leuting@aol.com	Retired
	Franceschini, George		1308 52nd Avenue	53144	262-552-8756		-----	Retired
Secretary	Frost, Thomas	Ange	525 73rd Street	53143	262-552-8960	262-652-6325	tomf@banenelson.com	Bane Nelson
Director	Gillespie, Donald J	Robin	6501 Third Avenue	53143	262-925-8041	262-818-7286	djg@kempercenter.com	Kemper Center
	Girman, Estelene	Mark	4106 5th Place	53144	262-552-9764	608-987-9992	harmonykid@msn.com	Retired
	Griffin, Jr., Clarence	Janet	6800 3rd Avenue	53143	262-652-9570		griffn800@aol.com	Retired
	Hancock, Michele		3600 52nd Street	53144	262-653-6300		mhancock@kustd.edu	KUSD Superintendent
	Harris, Sarah	Bill	2001 Alford Drive	53140	262-551-5749	262-945-1858	sharris@earthlink.net	Carthage PR
	Hernandez, Ruben		8505 50th Street	53144	262-657-8503	262-515-3836	rhernandez@rustoleum.com	Rustoleum
	Herz, Richard		5906 39th Avenue	53144	262-694-1088		spikeherz@ids.net	DDS
	Hittman, William	Ann	412 Lincoln Avenue, Sheboygan	53081	262-947-8155	262-945-2396	whittman@kustd.edu	KUSD
	Homer, Barry	Christina	8505 50th Street	53142	847-816-2401		bhomer@rustoleum.com	Rustoleum
	*Hosmanek, John		3909 Taft Road	53142	262-697-4038		-----	Honorary
	Iaquinta, Len		9507 74th Street	53142	262-694-0446	262-716-6605	L.Iaquinta@cs.com	UW Parkside
	Kleid, Kevin	Mandy	5935 7th Avenue	53140	262-638-6139	262-237-2999	kevin.kleid@bmo.com	BMO Harris Bank
	Kornmann, Garrett		7027 Green Bay Road	53142	262-942-1111		gkornmann@southportbank.com	Southport Bank
	*Krauser, James	Jane	3505 14th Place	53144	262-653-2600	262-553-5555	CoExec@co.kenosha.wi.us	County Executive
	Kyrilaz, Peter	Patty	3619 30th Avenue	53144	262-653-1811	262-694-0984	-----	Gateway Cafe
	Lamphier, Yvette		5125 6th Avenue	53140	262-658-3281	262-914-0785	ylamphier.agn@gmail.com	Best Western
	Larson, Scott	Anna Jo	6535 Green Bay Road	53142	262-767-1040	262-656-1085	wxscott1@aol.com	Retirement Planning
	Lehner, Phillip	Cynthia	7764 N 81st Street	53223	414-354-7500		plehner@stofferlegroup.com	Stoffel Equipment
	Lowe, C. Michael	DeAnna	1131 Prairie Drive	53406	262-884-8080	262-748-7738	christopher.lowe@CLSecurities.com	CL Securities
	Matteucci, David	Karen	3404 88th Place	53142	262-694-7878		-----	MO
Director	McCormack, Tom	Pauline	2017 75th Street	53143	262-657-3575	262-945-8999	mccormack7@yahoo.com	Retired
	Molinaro, Mark	Valerie	600 52nd Street, #220	53140	262-652-2800	262-552-8552	majkm@midarchitects.com	Partners / Design
	Moon, Howard	Royanne	7817 7th Avenue	53143	262-484-4204	262-920-1069	handmoon@yahoo.com	Retired
President	Nelson, Robert	Rose	P.O. Box 188	53141	262-552-8960	262-654-7287	ren@banenelson.com	Bane Nelson
	Nelson, Ronald	Reverly	3720 39th Avenue	53144	262-658-4101	262-496-7300	ron@piasecki-altaus.com	Piasecki/Altlaus
	*Nelson, O. Fred		8427 273rd Avenue	53168	262-889-4031		-----	Retired
	*Oechler, Marvin		2820 56th Avenue	53144	262-605-1419		-----	Retired
	Olson, Eric	Alice	7705 49th Avenue	53142	262-694-3112		colson@wi.rr.com	K. Casino Project
	O'Neal, Thomas		40300 Bloomfield Rd	53128	262-203-5955		onsaltf@wi.rr.com	Retired
	Peckus, Rolly	Peggy	310 E Pointview Dr.	53402	262-657-2599	262-960-0254	rolly@knightbarry.com	Knight Barry Title
	Peterson, Clifton	Gladys	6634 3rd Avenue	53143	262-658-2326		cpeterson@wi.rr.com	Retired
	Phillips, Nancy	Craig	23830 112th St. Trevor	53179	847-603-8889	847-738-1636	nphillips@cnci.us	Chase Bank
	Poltrone, Gerald		4117 81st Street	53142	262-694-2233		kma87@att.net	Retired
	Rockwell, Lee	Beth	6233 Bankers Rd, Suite 2	53403	262-554-1616	262-914-1960	lrockwell@farmersagent.com	Farmers Insurance
Director	Roemer, Kristine		1202 60th Street	53140	262-657-7733		kristine@gatewaymortgage.com	Gateway Mort.
	Rossow, Judith	Gordon	5038 6th Avenue	53140	262-654-9030	262-945-1840	judyrossowkenosha@yahoo.com	Copy Center
Director	Sanchez-Hawkins, Erica/Steven		4625 75th Street	53142	262-605-9229	262-654-8091	MayLynn73@aol.com	Erica's Fine Jewelry
	Sanders, Carl		7327 75th Street	53142	262-758-2701		sanderspainting@hotmail.com	Sanders Painting
	Schneider, Steven		7513 7th Avenue Ste 3	53143	262-671-4898	x203	sc891215@gmail.com	Technology Solutions
Treasurer	Schuch, Leo	Mary	7520 39th Avenue	53142	262-925-3064	262-496-0830	leo@schuchteam.com	ReMax Realty
Vice-Pres	Seymour, Steven	Linda	600 52nd Street, #210	53140	262-658-3500	262-859-0438	steve@seymourcpa.com	CPA Accounting
	Snyder, Elizabeth		5800 7th Avenue	53140	262-656-6271	262-552-8102	esnyder@kenoshanews.com	Kenosha News
	*Steigerwald, William		2300 60th Street	53140			william.steigerwald@jockey.com	Honorary
	Stevens, Edwin	Donna	630 78th Street	53143	262-658-8490		estevens2@wi.rr.com	Retired
	Tetting, Jon	Marva	3403 13th Place	53144	262-553-9001		hnterrock1@yahoo.com	Retired
	*Thackenkury, Cy	Leela	7109 49th Avenue	53142	262-694-1292		-----	Honorary
	Thomsen, John	Christine	7854 47th Avenue	53142	262-653-4100	262-705-8120	capthomsen@wi.rr.com	Fire Chief
	Trabbold, Mike	Jen	3120 80th Street	53142	262-942-9955	262-818-9313	mttrabbold@sbcglobal.net	Chiropractor
	Twomey, James	Lisa	920 61st Street	53143	262-652-5993		jetwomey@aol.com	Book Restoration
	Valeri, Jeffrey	Michelle	3416 Roosevelt Rd	53142	262-654-0221	262-654-6534	jvaleri@valeragency.com	Valeri Insurance
	*Waller, Debra		2300 60th Street	53140	262-658-1111		debra.waller@jockey.com	Honorary
	Walsh, Michael	Laurie	2600 22nd Avenue	53140	262-658-1410	262-552-5346	mwolsh5@wi.rr.com	Dentist
	Wavro, John	Judy	1598 30th Court	53144	262-882-4299		jwavro@gmail.com	Retired
	Weiler, Victor	Donna	214A 55th Street	53140	262-654-6819		vweilertelnet@aol.net	Retired

Form **8868**

(Rev. January 2013)

Department of the Treasury
Internal Revenue Service**Application for Extension of Time To File an
Exempt Organization Return**

OMB No. 1545-1709

► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **►**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions).

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only ☐ **►**

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions <u>Kenosha Rotary Foundation Inc</u>	Employer identification number (EIN) or <u>39-1261654</u>
	Number, street, and room or suite no. If a P.O. box, see instructions. <u>10110 Lakeshore Dr to Stephen H Barasch</u>	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions <u>Pleasant Prairie, WI 53158-5008</u>	

Enter the Return code for the return that this application is for (file a separate application for each return)

01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

• The books are in the care of ► Stephen H Barasch CPA

Telephone No. ► 262-694-4148 FAX No. ► 262-694-4789

- If the organization does not have an office or place of business in the United States, check this box ☐ **►**
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until Feb. 15, 20 14, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► ☐ calendar year 20 or

► ☒ tax year beginning July 1, 20 12 and ending June 30, 20 13.

2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	<u>0</u>
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	<u> </u>
c	Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	<u>0</u>

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Cat No 27916D

Form **8868** (Rev. 2013)

✓

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Enter filer's identifying number, see instructions

Type or print	Name of exempt organization or other filer, see instructions <u>Kenosha Rotary Foundation Inc</u>	Employer identification number (EIN) or <u>39-1261654</u>
	Number, street, and room or suite no. If a P.O. box, see instructions <u>10110 LAKESHORE DRIVE C/O STEPHEN H BARASCH CPA</u>	Social security number (SSN)
File by the due date for filing your return. See instructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions <u>PLEASANT PRAIRIE, WI 53158-5008</u>	

Enter the Return code for the return that this application is for (file a separate application for each return)

0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

• The books are in the care of **STEPHEN H BARASCH CPA**

Telephone No. 262-694-4148 FAX No. 262-694-4789

• If the organization does not have an office or place of business in the United States, check this box ☐

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until

calendar year _____, or other tax year beginning July 1, 2012, and ending June 30, 2012

6 If the tax year entered in line 5 is for less than 12 months, check reason: ☐ Initial return ☐ Final return

☐ Change in accounting period

7 State in detail why you need the extension UNABLE TO BALANCE GENERAL LEDGER BY DEADLINE FOR FIRST EXTENSION

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	0
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

AUTHORIZED TAXPAYER

Signature ▶

Title ▶

REPRESENTATIVE

Date ▶